Best Available Copy

Application or Docket Number

								RECU	nυ	(944	4	3517	
CLAIMS AS FILED - PART I (Column 1) (Column 2)											ENTITY	OR		
FOR			NUMBER FILED			NUMBER EXTRA			1	RATE	FEE	7		
BASIC FEE											345.00	OR		690.00
TOTAL CLAIMS			35 minus 20=			15				X\$ 9=		1		200
N	DEPENDENT C	\	minus	. 1						1	V70			
Μl	JLTIPLE DEPE	NDENT (CLAIM P	RESENT					ı	A35=	 	OR	X/8=	10
* If the difference in column 1 is less than zero, enter "0" in column 2										+130=		OR	+260=	
11							colum	n 2		TOTAL		OR	TOTAL	1038
	C			MENDE	INT 1) (Column 2) (Column 3) WILLED NUMBER EXTRA Minus 20= ' 15 Minus 20= ' 15 Minus 3 = ' 1 Winus 4 = ' 1 Winus 4 = ' 1 Winus 5 = ' 2 Winus 6 = ' 2 Winus 6 = ' 3 Winus 6 = ' 4 Winus 6 = ' 4									
_			ımn 1) AIMS	S' VEALS			(Con	<u>imn 3)</u>	F	SMALL		10H	SMALL	
AMENDMENI A		AF	NNING TER DMENT		PI	REVIOUSLY	EX	TRA		RATE	TIONAL		RATE	TIONAL
	Total	1.3	<u>5</u>	Minus	**	20	= /	3		: X\$ 9=		OR	X\$18=	200
	Independent	•	4_	Minus		3	1	1:	Ī	X39=		OB	/X78=	700
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM AMDT							t	.420				18,00	
								L					2000	
	B 97	' '	•						A			OR		70380
_			mn 1)	2 5 5 1 5 V Sec		1.7.7.7.7	(Colu	mn 3)	_					
AMENDMEN! B		REMA AF	INING TER DMENT		PF	NUMBER REVIOUSLY				RATE	TIONAL		RATE	TIONAL
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	Independent	. 3		Minus		4	=	0	t	X39=		0.0	X78=	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OH	7.7.0,5	0
									L			OR	+260=	O
						•			A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	O
_			mn 1)				(Colu	mn 3)						
		_	INING ER		PA	NUMBER EVIOUSLY				RATE	TIONAL		RATE	TIONAL
	Total	•		Minus	••		=			X\$ 9=			X\$18-	
	Independent	•		Minus	***	1	=		-					
	FIRST PRESE	NTATIO	OF MU	LTIPLE DEP	END	ENT CLAIM			L	X39=		OR	X78=	
· I	the entry in colum	nn 1 is le:	ss than th	e entry in colu	nn 2,	write *0" in col	umn 3.		L					
••••	f the "Highest Nur	mber Prev	riously Pa	id For IN THIS	SPA	CE is less that	n 3. ent	ar "3."		DOIT. FEE		•	ADDIT. FEE	